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	State:	ALASKA		
SECTION 2 - COVERAGE AND ELIGIBILITY				
Citation	2.1 Apr	plication. Determination of	f Eligibili	tv and

Citation 42 CFR 435.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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